PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 12 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13738

1. Corporation Name

SPRINGHEAD ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
SPRINGHEAD ASSEMBLY OF GOD INC 6637 COUNTY LINE RD. PLANT CITY FL 33567 US	SPRINGHEAD SPRINGHILL ASSEMBLY OF GOD 6637 COUNTY LINE RD. PLANT CITY FL 33567 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6637 County Line RD
City & State	City & State Plant City FL
Zip / Country	Zip 33567 / Country US

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/1986

5. FEI Number: 59-2509313 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HONAKER, JOHNNY L	~~6637 COUNTRYLINE RD~~ 4308 Barrett Ave	PLANT CITY FL
VD	GONZALEZ, STEVE	~~1100 THOMASVILLE CIR~~ 2001 Holloway Rd.	~~LAKELAND FL~~ Plant City, FL
TSD	FLIZHMAN, ROGER Fliehman, Roger	~~17 CHESTNUT DR~~ 5931 W. Turkey Tree LA.	PLANT CITY FL
~~T~~	~~CONNELL, BRIAN~~	~~4633 CASTLEWOOD RD.~~	~~SEFFNER FL~~
TD	MURPHY, ROGER	~~3001 E TRAPNELL RD~~ 2621 S. Wiggins Rd	PLANT CITY FL
		REINSTATEMENT 99	TS

8. Name and Address of Current Registered Agent

HONAKER, JOHNNY L
~~6637 COUNTY LINE RD~~
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

Name: Honaker, Johnny L.
Street Address (P.O. Box Number is Not Acceptable): 4308 Barrett Ave
Suite, Apt. #, Etc.
City: Plant City State: FL Zip Code: 33567

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CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Johnny L Honaker SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 1-3-2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Johnny Honaker SIGNATURE REQUIRED — Johnny Honaker — 1-3-2000 — (813) 754-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #